

*Keep this addendum as a reference throughout  
the year along with the  
It's Your Choice book, ET-2128.*

# ***Traditional HMO - Standard PPP***

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# 2005

**WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE**  
**(FOR PARTICIPATING LOCAL GOVERNMENT EMPLOYEES AND ANNUITANTS)**

ET-2157 (11/2004)

# 2005 LOCAL EMPLOYEE MONTHLY RATES: TRADITIONAL HMO OPTION--STANDARD PPP

LOCAL EMPLOYEE GROUP HEALTH INSURANCE MONTHLY RATES FOR 2005	NON-MEDICARE RATES RATES APPLY ONLY IF NO FAMILY MEMBERS ARE ELIGIBLE FOR MEDICARE		MEDICARE RATES RATES APPLY IF AT LEAST ONE INSURED FAMILY MEMBER IS ELIGIBLE FOR MEDICARE		
	SINGLE/NON- MEDICARE	FAMILY/NON- MEDICARE	SINGLE MEDICARE	FAMILY MEDICARE - 2*	FAMILY MEDICARE - 1*
STANDARD PLAN: DANE--PPP <sup>1</sup>	868.10	2113.90	359.10	684.50	1182.80
STANDARD PLAN: MILWAUKEE--PPP <sup>2</sup>	938.40	2289.50	359.10	684.50	1253.00
STANDARD PLAN: WAUKESHA--PPP <sup>3</sup>	938.40	2289.50	359.10	684.50	1253.00
STANDARD PLAN: BALANCE OF STATE--PPP <sup>4</sup>	816.40	1984.60	359.10	684.50	1131.10
STATE MAINTENANCE PLAN	644.40	1545.10	NA	NA	NA
ATRIUM HEALTH PLAN	577.60	1425.50	461.70	911.10	1023.40
COMPCAREBLUE - AURORA/FAMILY	479.60	1180.60	383.30	754.30	847.00
COMPCAREBLUE NORTHEAST	500.40	1232.60	399.90	787.50	884.40
COMPCAREBLUE NORTHWEST	520.80	1283.50	416.20	820.10	921.10
COMPCAREBLUE SOUTHEAST	519.70	1280.80	415.30	818.30	919.10
DEAN HEALTH PLAN	367.40	900.10	293.50	574.70	645.00
GHC-EAU CLAIRE	547.70	1350.80	437.70	863.10	969.50
GHC-SOUTH CENTRAL	378.50	927.80	302.40	592.50	665.00
GUNDERSSEN LUTHERAN	505.40	1245.10	308.20	604.10	801.30
HEALTH TRADITION	503.50	1240.30	402.40	792.50	890.00
HUMANA-EASTERN	534.00	1316.60	426.80	841.30	944.90
HUMANA-WESTERN	575.40	1420.10	459.90	907.50	1019.40
MEDICAL ASSOCIATES HMO	431.60	1060.50	305.80	599.30	725.10
MERCYCARE HEALTH PLAN	387.10	949.30	309.30	606.30	680.50
NETWORK-FOX VALLEY	490.50	1207.80	392.00	771.70	866.60
PHYSICIANS PLUS	379.10	929.30	302.90	593.50	666.10
PREVEA HEALTH PLAN	478.70	1178.30	382.50	752.70	845.30
UNITEDHEALTHCARE (formerly Touchpoint)	419.20	1029.50	334.90	657.50	738.20
UNITY-COMMUNITY	459.80	1131.10	367.40	722.50	811.30
UNITY-UW HEALTH	369.20	904.60	294.90	577.50	648.20

Standard Plan rates are determined by the employer county or the retiree county of residence.

STANDARD PLAN AREA INCLUDES THE  
FOLLOWING:

- <sup>1</sup>DANE: Dane, Grant, Jefferson, LaCrosse, Polk, St. Croix
- <sup>2</sup>MILWAUKEE: Milwaukee county & retirees living out of state
- <sup>3</sup>WAUKESHA: Kenosha, Ozaukee, Racine, Washington, Waukesha
- <sup>4</sup>WISCONSIN: Balance of state

N/A = "not applicable". Medicare eligible participants automatically receive Standard Plan benefits.

\*Medicare Family 1=One family member enrolled in Medicare Parts A & B;  
Medicare Family 2=Two or more family members enrolled in Medicare Parts A & B.

Medicare premium rates apply only to subscribers who have terminated employment.

# FREQUENTLY ASKED QUESTIONS AND THEIR ANSWERS

## Standard Preferred Provider Plan (PPP)

### ***What is this change to a PPP all about?***

The redesign of the Wisconsin Public Employer's Classic Standard Plan into a preferred provider plan (PPP) with a network will be effective on the date selected by your employer, on or after January 1, 2005. This PPP network offers participants the choice to see any provider, but there are differences in reimbursements depending on whether you go to an in-network or an out-of-network provider. If you receive services from an in-network provider you will have lower out-of-pocket costs. If you choose an out-of-network provider, you contribute more toward your health care costs by incurring additional deductible costs and coinsurance.

This arrangement can be attractive to members who for the most part are comfortable with the plan's providers, but occasionally feel the need to utilize a particular specialist or desire coverage for routine care while traveling. In addition, members who have students away at college may choose the plan to offer comprehensive coverage to all family members, regardless of where they live. The provider network is nation-wide, so covered members who receive care out-of-state will have improved access to providers.

Note that the Standard PPP uses elements of the Classic Standard Plan, and is separate from Uniform Benefits offered by the HMO's. All eligible employees and annuitants have the option to enroll in this new plan.

### ***How do I know which providers are in-network providers?***

You can get this information from Blue Cross & Blue Shield of Wisconsin (BCBSWI) over the Internet at [bluecrosswisconsin.com](http://bluecrosswisconsin.com). See the plan description page for more information. Or you can call BCBSWI at (800) 755-6400 for information or to request a printed provider directory.

### ***How is the Standard PPP with a preferred provider network different from the Classic Standard Plan?***

Under the Standard PPP, when you receive services from providers, you will need to meet up-front deductible and coinsurance amounts. You will not have to pay the old major medical deductible and coinsurance. If you use in-network providers, you will have lower deductible and coinsurance costs.

Please note that in- and out-of-network deductibles and coinsurance out-of-pocket *amounts accumulate separately*. Your in-network costs do not apply to the out-of-network deductible and coinsurance, and vice versa. Therefore, if you use both in- and out-of-network providers, you will pay more for your care.

A few other benefits have been adjusted to keep the overall benefit level comparable. The lifetime maximum benefit will increase to an overall \$2,000,000 from \$250,000 major medical only, to more closely match Uniform Benefits.

**A hospital pre-certification program is newly included. This program requires at least 48 hours prior notice of non-emergency hospital admissions, or notice within 48 hours after an emergency**

**admission. If you do not notify Blue Cross Blue Shield of Wisconsin, their payment for your claim will be reduced by \$100. You will be responsible to pay that amount in addition to your deductible.** This program does not apply if Medicare pays for your claims first, for example, if you are an annuitant over 65 years old.

Refer to the plan description page for more details. After the effective date your employer has chosen, the Classic Standard Plan will no longer be available to you.

***How does the application of the preferred provider network into the Standard Plan save money and improve services?***

When using a preferred provider network, claim charges are discounted by in-network providers to a greater extent than those of out-of-network providers. As members utilize in-network services, the plan saves money and future increases would reflect the savings.

The Classic Standard Plan was implemented in the 1970s. Health insurance has changed dramatically since that time, and the Classic Standard Plan had become one of the few of its type remaining in the marketplace. With this change in applying a preferred provider network, we hope our plan will become easier to understand and use, for members and providers, as it becomes more similar to other plans in the marketplace. Also, this change helps to keep the cost of administration down.

***Why is the Standard Plan with the Preferred Provider Network being implemented now?***

Over the past few years the Group Insurance Board has been studying alternatives for our plans. One of the goals was to make the plan more cost-effective and affordable. Your employer is also concerned about this, and has selected this option to meet these goals.

# Standard Preferred Provider Plan (PPP)



BlueCross BlueShield of Wisconsin  
An independent license of the BlueCross and BlueShield Association

Administered by BlueCross BlueShield of Wisconsin

## **What we are**

A comprehensive health plan that provides you with freedom of choice among hospitals and physicians. It is administered by BlueCross BlueShield of Wisconsin (BCBSWI) – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

## **Prior Authorizations and/or Referrals**

To ensure that services are covered, BCBSWI recommends that members or treating providers request prior authorizations. Services for which prior authorizations are usually requested include:

- New medical or biomedical technology
- New surgical methods or techniques
- Organ transplants
- Methods of treatment by diet or exercise
- Acupuncture or similar methods

Without an approved prior authorization, BCBSWI may deny payment. Additional information may be submitted for further review of the denial. The Standard Plan does not require referrals.

## **Exclusions and Limitations**

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Services, supplies or equipment that are not medically necessary, or that are experimental/investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Dental services except as specifically provided
- Care covered by worker's compensation
- Organ transplants except as specifically provided
- Reversals of sterilization

## **Standard Plan**

The Standard Preferred Provider Plan (PPP) pays differently for covered benefits dependent upon the provider selected. A higher level of benefits is available by using a BCBSWI preferred provider.

## **Covered Services**

- Hospital Services (Utilization Management requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission)
- Physical, speech, and occupational therapy when necessitated by illness
- Maternity Care
- X-ray and laboratory services
- Office Calls
- Surgery
- Extended Care Facility (except custodial)
- Routine physical exams

## **Quality Initiatives**

- State of Wisconsin calls are given the highest priority by all BCBSWI call centers, thereby increasing our telephone accessibility
- 100% of written inquiries will be resolved within 12 working days. A goal that has been met in both 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2004.
- New measures have been implemented to improve timeliness and accuracy of claim processing.

*This is intended as a general outline of benefits. It is not intended to be a complete description of coverage/exclusions and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions, please refer to the Benefit Handbook available through your personnel representative or call us at BlueCross BlueShield of Wisconsin.*

### **Service Centers**

**Customer Care hotline for  
State of Wisconsin Employees**  
1-800-755-6400  
or [www.bluecrosswisconsin.com](http://www.bluecrosswisconsin.com)

**Northeastern**  
145 S Pioneer Rd.  
Fond du Lac WI 54935

**Southwestern**  
500 Hwy 51 East  
Platteville WI 53818

**Western**  
2270 EastRidge Center  
Eau Claire WI 54701

We are able to answer questions about claims or benefits by letter or telephone. To provide more convenient service, walk-in customer service is also available at each service center.

# Standard Preferred Provider Plan (PPP)

Administered by BlueCross BlueShield of Wisconsin

**Non-Medicare:** *In-network* deductible is \$250 individual, two per family, then you pay 10% until your out-of-pocket has been reached at \$1,000 individual, two per family, per calendar year. *Out-of-network* deductible is \$500 individual, two per family, then you pay 30% until your out-of-pocket has been reached at \$2,000 individual, two per family, per calendar year. **Medicare:** *In-network* deductible is \$150 individual, two per family. *Out-of-network* deductible is \$300 individual, two per family. Thereafter care both in and out-of-network is covered at 100%. **All members:** \$2,000,000 lifetime maximum.

Health Benefits	In/Out of Network	Plan Pays	Limitations
<b>Physician &amp; Chiropractic Care</b>	In	90%	In-network deductible & coinsurance
	Out	70%	Out-of-network deductible and coinsurance
<b>Hospital</b>	In	90%	365 days in semi-private room. In-network deductible and coinsurance. Pre admission certification.
	Out	70%	365 days in semi-private room. Out-of-network deductible and coinsurance. Pre-admission certification.
<b>Lab and X-rays</b>	In & Out	90%	In-network deductible and coinsurance
<b>Behavioral Health</b> (Combined w/Alcohol & Drug Abuse) <i>In 2005, annual dollar maximums for Behavioral Health services are suspended.</i>	In & Out	90%	Subject to deductible and coinsurance
		90%	INPATIENT – Of first \$7,000 per calendar year or 120 days, whichever is less.
		90%	OUTPATIENT - Of first \$2,000 per calendar year.
			TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Alcohol and Drug Abuse</b> (Combined with Behavioral Health) <i>Annual combined benefit maximum is \$7000</i>	In & Out	90%	Subject to deductible and coinsurance
		90%	INPATIENT – Of first \$7,000 per calendar year or 30 days, whichever is less.
		90%	OUTPATIENT - Of first \$2,000 per calendar year.
			TRANSITIONAL - Of first \$3,000 per calendar year.
<b>Emergency Room</b>	In	90%	Subject to in-network deductible
	Out	70%	Subject to out-of-network deductible and coinsurance
<b>Extended Care Facility</b>	In	90%	730 days per admission less hospital days used. Deductible and coinsurance. Excludes custodial care per the contract
	Out	70%	730 days per admission less hospital days used. Deductible and coinsurance. Excludes custodial care as defined by the contract
<b>Vision Care</b>	In	90%	Deductible and coinsurance for illness/disease only.
	Out	70%	Deductible and coinsurance for illness/disease only.
<b>Prescribed Medical Services/Supplies</b>	In	90%	Deductible and coinsurance
	Out	70%	Deductible and coinsurance
<b>Transplants</b>	In	90%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Deductible and coinsurance. Excludes all services related to non-covered transplants.
	Out	70%	Deductible/coinsurance; transplants listed above
<b>Ambulance</b>	In & Out	90%	In-network deductible and coinsurance
<b>Prescription Drugs</b>			Separate PBM administration through Navitus. Annual out-of-pocket maximums are \$1,000 single/\$2,000 family.

The Standard PPP pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by Blue Cross Blue Shield of Wisconsin (BCBSWi). In some cases, the amount BSBCWi determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSWi State Preferred Provider Directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSWi will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our web site. If such a charge dispute arises, contact BCBSWi. If your provider is listed in the BCBSWi State Preferred Provider Directory, charges over UCR will be written off.